

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90097 006 ***150.00

0462872

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # M43557

1. Corporation Name

ROYAL MARCO DEVELOPMENTS ONE, INC.

Principal Place of Business
**3185 HORSESHOE DR SOUTH
1ST FL
NAPLES FL 34104
US**

Mailing Address
**3185 HORSESHOE DR SOUTH
1ST FL
NAPLES FL 34104
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1986

4. FEI Number

65-0050036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SOLOMON, A. JACK
3185 HORSESHOE DR SOUTH
1ST FL
NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	SOLOMON, A. JACK	
STREET ADDRESS	3185 HORSESHOE DR SOUTH	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LESPERANCE, ANGELA	
STREET ADDRESS	3185 HORSESHOE DR SOUTH	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLOMON, ETHEL	
STREET ADDRESS	5255 YONGE ST., SUITE 1111	
CITY-ST-ZIP	WILLOWDALE ONTARIO CA	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEIKH, SHEERIN	
STREET ADDRESS	5255 YONGE STREET, SUITE 1100	
CITY-ST-ZIP	WILLOWDALE ONT.CAN. M2N 6P4	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLOMON, CARY	
STREET ADDRESS	5255 YONGE ST., SUITE 1111	
CITY-ST-ZIP	WILLOWDALE, ONTARIO, CANADA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)